



Pacific Security Alarm, Inc.

234-5731 Monitoring Station
646-2307-10 Main Office
234-5626 Saipan
P.O. Box 504389 Saipan, MP 96950
E-mail: psatimon@kuentos.guam.net
Webpage: www.psa.com.gu

SERVICE/WORK ORDER

WORK ORDER DATE: 10/23/07WORK ORDER NUMBER: SW 12437

ACCOUNTING USE ONLY

PROCESSED BY _____

DATE _____

INVOICE # _____

PERSON REPORTING PROBLEM: _____

FIELD CONTACT: PICARDO RASALOCATION PHONE: 256-2550FAX: 256-2578ACCT. NO. _____ SER. TYPE A ACT. DATE _____

BILL TO: _____

DYS KAGHAN

REASON FOR CALL / WORK DESCRIPTION:

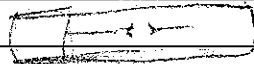

☐ CCTV☐ Hold-Up☐ Intrusion☒ Intercom/Access System☐ Other _____☒ Fire☐ Preventative Maintenance☒ Emergency Service☐ WarrantySERVICE CALL

RADIO ACCT. NO: _____

DIGITAL ACCT. NO: _____

WORK PERFORMED

- BLDG. A CONTROL PANEL
- NO POWER / BLOWN FUSE
- INTAKE CAMERA LOST VIDEO, BLOWN TUBE ALSO

QTY.	EQUIPMENT DESCRIPTION	UNIT	PRICE
1	BLDG. A (CONTROL PANEL)		
	FUSE 250VAC / 2A		
			
1	INTAKE CAMERA		
	250VAC / 25A		
			

LIMITED WARRANTY: ALL MATERIALS, PARTS AND EQUIPMENT ARE WARRANTED FOR 1 YEAR AND LABOR IS WARRANTED FOR 90 DAYS AS OTHERWISE INDICATED IN WRITING. PACIFIC SECURITY ALARM COMPANY MAKES NO OTHER WARRANTIES, EXPRESSED OR IMPLIED, AND ITS AGENTS OR TECHNICIANS ARE NOT AUTHORIZED TO MAKE ANY SUCH WARRANTIES ON BEHALF OF PACIFIC SECURITY ALARM, INC.

DATE	TIME	MAN HOURS
<u>10/23</u>		

Equipment Total \$ _____

Man Hrs. @ \$ _____ = \$ _____

LESS, amount covered by contracts:

Equipment \$ _____

Labor \$ _____

Total Payment Due \$ _____

WORK ORDER WRITTEN BY: _____

(PRINT NAME)

I UNDERSTAND THAT BY SIGNING BELOW I AUTHORIZE THE WORK DESCRIBED IN THE WORK ORDER TO BEGIN.

CUSTOMER _____

TITLE _____

I CERTIFY THAT THE WORK DESCRIBED ABOVE HAS BEEN PERFORMED TO PROFESSIONAL QUALITY STANDARDS. I HAVE TESTED THE SYSTEM AND FIND IT IN GOOD WORKING ORDER.

I AGREE THAT THE WORK DESCRIBED IN THIS WORK ORDER HAS BEEN COMPLETED TO MY SATISFACTION

SIGNATURE OF TECHNICIAN OR INSTALLER _____

CUSTOMER _____

TITLE _____

Customer Copy



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SERVICE/WORK ORDER

WORK ORDER DATE: 1/10/07WORK ORDER NUMBER: SW 12442

ACCOUNTING USE ONLY

PROCESSED BY: _____

DATE: _____ INVOICE # _____

PERSON REPORTING PROBLEM: _____

FIELD CONTACT: 6:30

LOCATION PHONE: _____ FAX: _____

ACCT. NO. _____ SER. TYPE 7 ACT. DATE _____BILL TO: DYS - KAGNARI

REASON FOR CALL / WORK DESCRIPTION:

- ☐ CCTV ☐ Hold-Up ☐ Intrusion ☐ Intercom/Access System ☐ Other _____
☐ Fire ☐ Preventative Maintenance ☐ Emergency Service ☐ Warranty

IMAGE CAMERA

RADIO ACCT. NO: _____

DIGITAL ACCT. NO: 0

WORK PERFORMED

- TOWN HOUSE, REPAIRED
SILL IN SAME PROBLEM
- BURNED CAMERA HEAD
MODEL - DD52TC16
RECO CYBER DOME
NEED TO REPLACE

QTY.	EQUIPMENT DESCRIPTION	UNIT	PRICE
	<u>PULL-OUT</u>		
<u>1</u>	<u>RECO - CYBER DOME</u>		
	<u>MODEL - DD52TC16</u>		

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DATE	TIME	MAN HOURS
<u>1/11</u>	<u>9:45 AM</u>	

Equipment Total \$ _____

Man Hrs. @ \$ _____ = \$ _____

LESS, amount covered by contracts:

Equipment \$ _____ Labor \$ _____ \$ _____

Total Payment Due \$ _____

WORK ORDER WRITTEN BY: P/E

(PRINT NAME)

I CERTIFY THAT THE WORK DESCRIBED ABOVE HAS BEEN PERFORMED TO PROFESSIONAL QUALITY STANDARDS. I HAVE TESTED THE SYSTEM AND FIND IT IN GOOD WORKING ORDER.

SIGNATURE OF TECHNICIAN OR INSTALLER

I UNDERSTAND THAT BY SIGNING BELOW I AUTHORIZE THE WORK DESCRIBED IN THE WORK ORDER TO BEGIN.

CUSTOMER

TITLE

I AGREE THAT THE WORK DESCRIBED IN THIS WORK ORDER HAS BEEN COMPLETED TO MY SATISFACTION

CUSTOMER

TITLE

Customer Copy